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DATE: February 13, 2006
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RE: U.S. Serial No. 10/630,320
Our file: SHA-26-DIV2
Pages (including cover): 15 pages

Contents:

Transmittal form (1 pg.)
Response (10 pgs.)
Petition for extension of time (1 pg.)
Credit Card payment form (1 pg.)
Terminal disclaimer (1 pg.)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

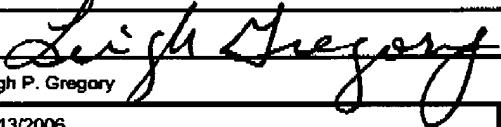
Total Number of Pages in This Submission

| | |
|------------------------|-----------------------------|
| Application Number | 10/830,320 |
| Filing Date | 07/30/2003 |
| First Named Inventor | Shalaby |
| Art Unit | 1711 |
| Examiner Name | Hampton Hightower, Patricia |
| Attorney Docket Number | SHA-26-DIV2 |

ENCLOSURES (Check all that apply)

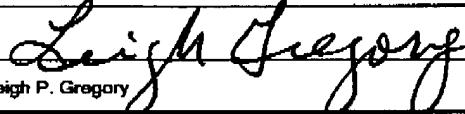
| | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input checked="" type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Leigh P. Gregory | | |
| Signature |  | | |
| Printed name | Leigh P. Gregory | | |
| Date | 02/13/2006 | Reg. No. | 33,241 |

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